PTO/SB/80 (01-06)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby appoint:									
	Practitioners associated with the Custo			:	25096				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
	Name		Registration Number		Name			Registration Number	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
X The address associated with Custon			er Number:	ımber: 25096					
OR									
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City		1	State		ZI	lp			
Country			Telephone		E	mail			
Assignee Name and Address: Kwok, Chu & Shindler LLC 2215-B Renalssance Drive, Suite 5 Las Vegas, Nevada 89119									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signatu	1	20	7	>			N 200		
Name	Julia	Julia Ceffaib Telephone							
Title									
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